

PAYEE DATA RECORD

(Required when receiving payment from the State of California in lieu of IRS W-9)
 STD 204 (Rev. 8-2003)

1	<p>INSTRUCTIONS: Complete all information on this form. Sign, date, and return to the State agency (department/office) address shown at the bottom of this page. Prompt return of this fully completed form will prevent delays when processing payments. Information provided in this form will be used by State agencies to prepare Information Returns (1099). See reverse side for more information and Privacy Statement.</p> <p>NOTE: Governmental entities, federal, State, and local (including school districts), are not required to submit this form.</p>								
2	<p>PAYEE'S LEGAL BUSINESS NAME (Type or Print) Board of Trustees of the Leland Stanford Junior University</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">SOLE PROPRIETOR – ENTER NAME AS SHOWN ON SSN (Last, First, M.I.)</td> <td>E-MAIL ADDRESS</td> </tr> <tr> <td>MAILING ADDRESS 3145 Porter Drive</td> <td>BUSINESS ADDRESS</td> </tr> <tr> <td>CITY, STATE, ZIP CODE Palo Alto, CA 94304</td> <td>CITY, STATE, ZIP CODE Stanford, CA 94305-7298</td> </tr> </table>			SOLE PROPRIETOR – ENTER NAME AS SHOWN ON SSN (Last, First, M.I.)	E-MAIL ADDRESS	MAILING ADDRESS 3145 Porter Drive	BUSINESS ADDRESS	CITY, STATE, ZIP CODE Palo Alto, CA 94304	CITY, STATE, ZIP CODE Stanford, CA 94305-7298
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3	<p>ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): 94 - 1156365</p> <p> <input type="checkbox"/> PARTNERSHIP CORPORATION: <input type="checkbox"/> ESTATE OR TRUST <input type="checkbox"/> MEDICAL (e.g., dentistry, psychotherapy, chiropractic, etc.) <input type="checkbox"/> INDIVIDUAL OR SOLE PROPRIETOR <input type="checkbox"/> LEGAL (e.g., attorney services) ENTER SOCIAL SECURITY NUMBER: <input checked="" type="checkbox"/> EXEMPT (nonprofit) (SSN required by authority of California Revenue and Tax Code Section 18646) <input type="checkbox"/> ALL OTHERS </p> <p style="text-align:right; color:blue;"><i>trust with corporate powers</i></p>	<p>NOTE: Payment will not be processed without an accompanying taxpayer I.D. number.</p>							
4	<p>PAYEE RESIDENCY STATUS</p> <p><input checked="" type="checkbox"/> California resident - Qualified to do business in California or maintains a permanent place of business in California.</p> <p><input type="checkbox"/> California nonresident (see reverse side) - Payments to nonresidents for services may be subject to State income tax withholding.</p> <p style="margin-left: 40px;"> <input type="checkbox"/> No services performed in California. <input type="checkbox"/> Copy of Franchise Tax Board waiver of State withholding attached. </p>								
5	<p>I hereby certify under penalty of perjury that the information provided on this document is true and correct. Should my residency status change, I will promptly notify the State agency below.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:65%;">AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print) Christopher Canellos</td> <td>TITLE Tax Director</td> </tr> <tr> <td>SIGNATURE <i>C Canellos</i></td> <td>DATE</td> </tr> <tr> <td></td> <td>TELEPHONE (650) 725-1732</td> </tr> </table>			AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print) Christopher Canellos	TITLE Tax Director	SIGNATURE <i>C Canellos</i>	DATE		TELEPHONE (650) 725-1732
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6	<p>Please return completed form to:</p> <p>Department/Office: _____</p> <p>Unit/Section: _____</p> <p>Mailing Address: _____</p> <p>City/State/Zip: _____</p> <p>Telephone: (____) _____ Fax: (____) _____</p> <p>E-mail Address: _____</p>								